



Quantity	Title and Item Description
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(max: 5)	<b>Quick Reference Guide For Clinicians</b> "Treating Tobacco Use and Dependence" USDHHS publication
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(max: 5)	<b>Nicotine Dependence Treatment Medication Summary</b> One-page reference also on Website: <a href="http://www.ndhealth.gov/tobacco">www.ndhealth.gov/tobacco</a> , under "Information for Health Care providers" link
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(max: 15)	<b>Prescription Pad (Quit Using Tobacco Today!)</b> (25 sheets per pad)
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(max: 3)	<b>Quitline Fax Referral</b> Authorization to release information
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(max: 25)	<b>Member Brochure</b> "You can quit. We can help."
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(max: 10)	<b>Healthcare Provider Brochure</b> A valuable resource for healthcare providers
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(max: 100)	<b>Quitline Wallet Card</b> Plastic wallet card, "Take Charge. You can quit. We can help." Includes Quitline phone number
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(max: 100)	<b>20 Minutes Foldover Card</b>
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**Patient Information Card (max: 50 each card)**

_____ Pregnant mother	_____ Pregnant mother and infant
_____ Pregnant mother and infant (Native American)	_____ Native American Male
_____ Blue collar worker	_____ Young couple
_____ College-age couple	

**Quitline Promotional Card (3 x 4) (max: 100 each card)**

_____ Young family	_____ Dad and son
_____ Couple	_____ Elderly couple
_____ Young cowboy (chew)	_____ Older cowboy (chew)

**Poster — For waiting rooms and other patient areas (max: 3 each poster)**

_____ General	_____ Helping North Dakotans Quit
_____ Pregnant Woman	_____ College age
_____ Native American	_____ Replacement tear-off pad(max: 2)
_____ General with tear-off sheets (includes 2 tear-off pads)	

The following resources are also available from the North Dakota Tobacco Prevention and Control website at [www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco) under the Quitline link.

North Dakota Cessation Programs directory  
(listing of local cessation providers)

North Dakota Tribal Area Cessation Programs directory  
(listing of tribal area cessation providers)

Quitline Fact Sheet

Quitline Fax Referral Form

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(complete ordering information on reverse side)

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Business/Health Agency name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ North Dakota Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Type of health-care agency (check one or more)

<input type="checkbox"/> Public Health Nursing	<input type="checkbox"/> Hospital
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Doctor's office
<input type="checkbox"/> OB/GYN office	<input type="checkbox"/> Dentist
<input type="checkbox"/> Counselor	<input type="checkbox"/> Respiratory Care
<input type="checkbox"/> Mental Health/Substance Abuse Treatment	<input type="checkbox"/> Home Health Care
<input type="checkbox"/> Smokefree Families Program	<input type="checkbox"/> Other (describe) _____

To Order:

**MAIL**

Division of Tobacco Prevention and Control  
North Dakota Department of Health  
600 E. Boulevard Avenue, Dept. 301  
Bismarck, N.D. 58505-0200

or **EMAIL**

[quitline@nd.gov](mailto:quitline@nd.gov)

or **CALL**

North Dakota Division of Tobacco Prevention and Control  
at 1.800.280.5512 or 1.701.328.3138

or **Fax**

1.701.328.2036



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

